

“They are like family”: The emotional cost experienced by nurses when caring for haemodialysis patients

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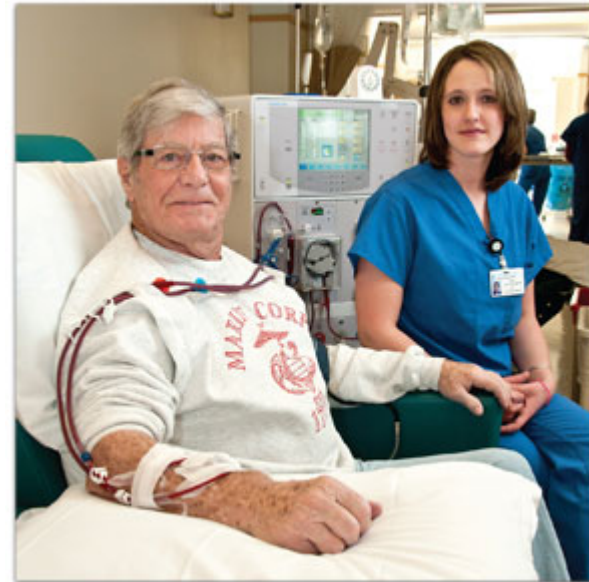


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Presentation Outline

- Background
- Research aims
- Participants
- Results
- Implications practice



Background

- Nursing has been identified as an emotionally stressful occupation¹
- High levels of burnout has been found in Australian and New Zealand haemodialysis nurses²
- Only 50% of haemodialysis patients survive beyond 5 years³ (polkinghorn)

Background

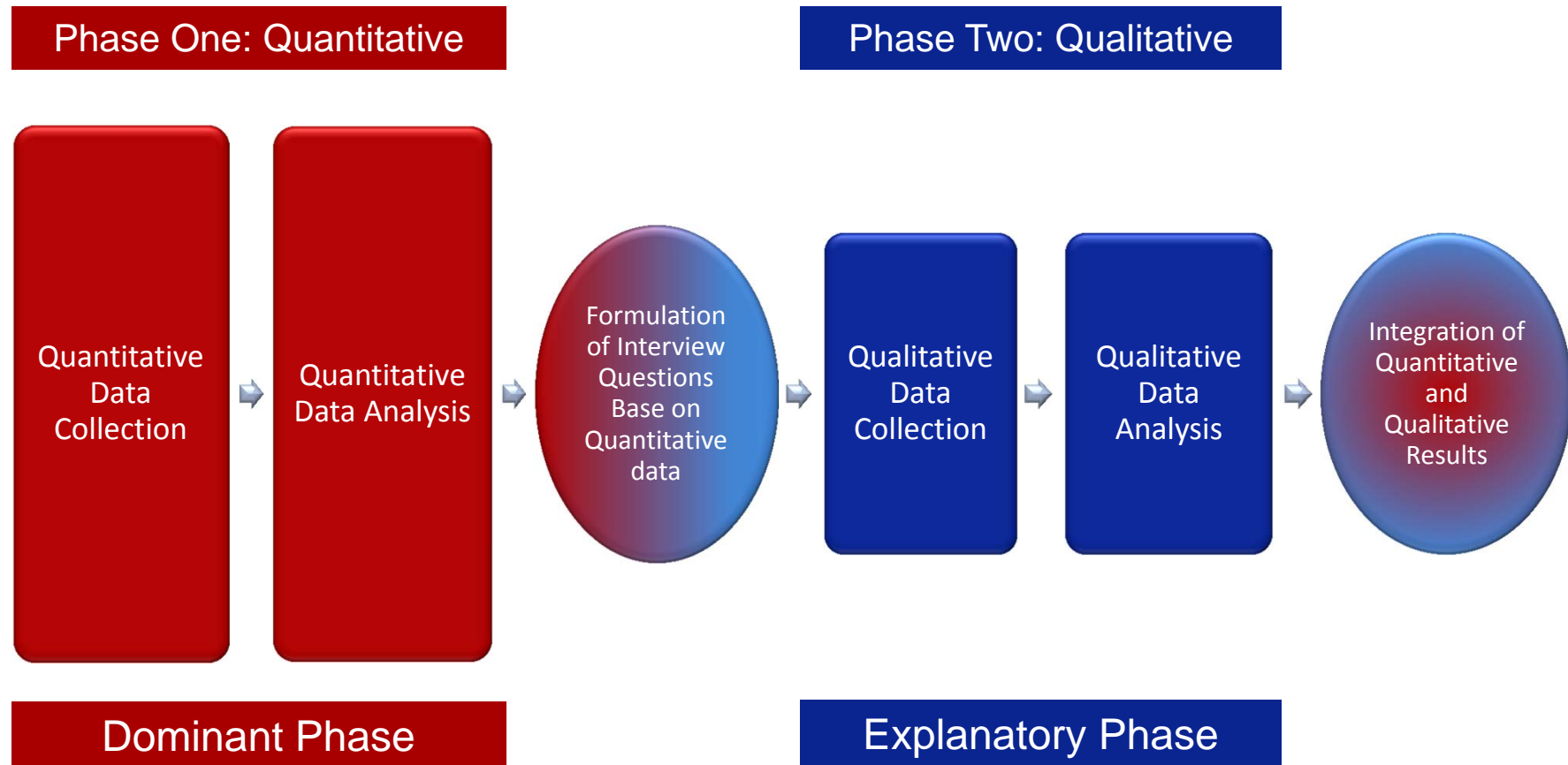
- Death of a patient has been linked with job stress and burnout in haemodialysis nurses²
- The emotional strain of patient death has been described in other areas of nursing but there is limited literature based on haemodialysis nurses⁴

Research Aims

- To explore HD nurses experiences of patient death and coping mechanisms used



Research Design



Sequential Explanatory Design (Creswell, 2009)

Participants

- Cross-sectional sample consisting of Renal Society of Australasia (RSA)
- Registered or Enrolled nurses
- Working in a haemodialysis unit within Australia or New Zealand
- Working more than 0.5 FTE
- Recruited through the RSA
- 417 nurses completed the quantitative phase

Qualitative Data Collection

- Eight semi-structured interviews with participants drawn from the quantitative phase
- Questions derived from quantitative results
- Duration: 40-60 minutes
- Thematic analysis



Results

Three sub themes:

1. Patients as quazi-family
2. Complicated grief
3. Remembrance



Theme 1: Patients as quazi-family

- Describes the close, familial relationship with patients
- Formed as a result of the regular, ongoing and prolonged interaction with patients
- Highlights the blurring of traditional professional boundaries
- A source of satisfaction and stress

Theme 1: Patients as quazi-family

“ I really tried to do the boundary settings as well as possible. But it was like hanging around with a bunch of fun uncles and aunties that sort of care about you and look out for you and treat you like a family member. (Fred)

Theme 1: Patients as quazi-family

- Nurses described giving counsel for family difficulties, divorces, being invited to weddings, birthdays parties and funerals of patients' family members.
- The closeness described was particularly problematic when the patient died

Theme 1: Patients as quazi-family

- *“When we came back [from the funeral] we spent quite a bit of time talking about it [death of a patient], just as you would when you grieve a family member and sort of have a bit of a wake about the funny things they did or them as a person and that actually really helped us. We still often bring his name up every now and then.” (Susan)*

Theme 2: Complicated grief

- Captures the internal conflict experienced by nurses when a patient dies and how to appropriately grieve



Theme 2: Complicated grief

- *“I also think we are not good at dealing with loss and we’re not good at celebrating people’s lives and celebrating them as individuals and as human beings rather than as someone who has died.” (Fred)*

Theme 2: Complicated grief

- *“I go to the funeral to sort of say goodbye and for me it's a matter of like respect and once you've said goodbye that's it then they're gone.” (Fred)*

Theme 2: Complicated grief

- *“I did attend his funeral which the family were okay with and I have never gone to another funeral since cause I did find that whilst you go there to support the family I found it quite distressing to me and I felt it really was a time for family and not for me to go.” (Sarah)*

Theme 2: Complicated grief

- *When people die, sometimes I thank God its all over for them...and at other times I'm totally upset and sad and have a bit of a cry when I go home. I have even cried in the unit and was told off. (James)*

Theme 3: Remembrance

- Theme identifies how nurses remember patients who have died
- Used as a coping mechanism
- Covers a wide range of responses from simple reflecting on a patient to physically memorialising a patients death
e.g. planting trees, writing songs, poetry, painting

Theme 3: Remembrance

- *“I think about him very often and we’ve got photos of people on the wall and I look at him...he was such a charming, intelligent, gorgeous man and we had lots of laughs and some tears together*

Theme 3: Remembrance

- *“I actually sang a song about her [a patient].” (Mary)*
- *“I go for a walk, or a run, and I call it Jim’s run, just to remember him. There are a number of points around out place that I run past, I just think about the patient who has died.” (Mary)*

Discussion

- Death of a patient affects nurses differently
- Haemodialysis nurses are exposed to repeated episodes of grief and loss
- The cumulative effect of grief and loss may result in compassion fatigue and burnout⁵

Implications for practice

- The themes highlight the impact of death and dying as a cause of stress for haemodialysis nurses
- Interventions need to be utilised to ameliorate the stress caused
- There needs to be recognition that nurses react to the death of a patient differently

Implication for Practice

- Literature has identified that the following can reduce the emotional strain of patient death
 - Greater access to psychological support for nurses e.g. counselling⁶
 - The use of renal memorial services⁷
 - Attendance at funerals⁸
 - Education on death and dying and bereavement/grief processes in undergraduate education⁹ (Zyga)
 - Debriefing, especially for unexpected death¹⁰
 - Input from allied health practitioners and other members of the multi-disciplinary team¹⁰

Further research

- Interventional study utilising psychological and palliative care input
- Nurses perception of a “good” versus “bad” death
- Methods of coping with death amongst haemodialysis nurses

Conclusion

- Nurses develop individual coping mechanisms to accommodate the grief and loss experienced when a “close” patient dies
- The grieving process caused by the death of patient’s needs to be recognised by nurses and nurse managers as causing psychological stress and strain

Conclusion

- Increased support from nurse unit managers and colleagues can act as a buffer against the adverse effects of the intense personal relationships and repeated exposure of patient death

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